EngenderHealth

2001 Annual Report

CONTENTS

Until March 8, 2001, EngenderHealth was known as AVSC International.

"350 million couples worldwide lack access to contraceptives" — UNFPA > "585,000 women worldwide die each year of conditions related to pregnancy and childbirth—or one death every minute" — WHO/UNICEF > "Some 40 million people are living with AIDS worldwide, and 5 million were newly infected in 2001" — UNAIDS > "World population ... is projected to reach 9.3 billion by 2050" — UNFPA

Accepting his Nobel Peace Prize, United Nations Secretary General Kofi Annan recently stated, "We have entered the third millennium through a gate of fire. If today, after the horror of 11 September, we see better, and we see further—we will realize that humanity is indivisible."

As I reflect on this year, I am struck by this indivisibility, by our common destiny. The peoples of our world are now and forever linked. We share, as one, the challenges of poverty and powerlessness, hatred and intolerance, environmental degradation, and disease or ill health. At EngenderHealth, our work to support reproductive health care in the poorest regions of the world and in underserved communities within the United States plays a part in addressing these challenges. So, I feel privileged—privileged to be reporting in this Annual Report on the work of an agency whose work has, if anything, become more important to our collective future than ever before.

Our work starts small. It starts with making reproductive health services available to one woman in one village. That one woman will be able to space or prevent future pregnancies, conserving her strength and improving the life opportunities of her children. She will be more likely to survive childbirth and less likely to contract HIV/AIDS, thereby helping to ensure that her children will not be rendered prematurely motherless. Her family and community will reap the benefits of her work, and, multiplied many times over, the effect will be to reduce strain on both natural resources and national infrastructure.

Small, specific interventions on their own do a lot of good but, together, many small, specific interventions build a march, an orchestra, a cathedral, or a community. They

The Time

build social change. Family planning is one such small intervention. It reduces global poverty, while saving women's lives. I know this because I have seen it with my own eyes.

As you will see in the pages that follow, this past year has been pivotal for EngenderHealth. We changed our name—reflecting the evolution of our programs in response to what we know works. We launched several important multi-year country programs, national in scale and comprehensive in scope. We began working in earnest to bring our experience and skills to related areas of health care, such as maternal health and sexually transmitted infections, including HIV/AIDS. And, as we expanded into these areas, we remained steadfast in our commitment to the central importance of enabling women and men to plan the size of their families and avoid the debilitating and ultimately life-threatening cycle of repeat unintended pregnancies.

The events of September have created a crisis of conscience for our nation. They intensified the divide between those who see themselves as part of a global community and those who would build a wall between us and them. But reflecting on this year, I, for one, have become more certain than ever of where I stand. The work of EngenderHealth makes a real difference, and that is what we are all striving for. This year, of all years, I ask you to take that stand with me. Thank you for your continued dedication and support.

Amy E. Pollack, M.D., M.P.H., *President*

Is Now

How do we make a difference? In the world's poorest regions, EngenderHealth is changing the face of health systems and altering the course of the gravest, yet most avoidable, public health threats: unintended pregnancy, maternal and child mortality, and sexually transmitted infections (STIs) such as HIV/AIDS. We increase choices, enhance safety, and improve capacity. The result? More women and men can and do choose family planning; fewer women die from pregnancy-related causes; and more STIs are treated or prevented. Our work improves global health and, in so doing, protects women's rights, the earth's



Making

>Advancing Knowledge

EngenderHealth increases the margin of excellence in service delivery by undertaking research to develop and adapt medical technologies that are safe, effective, and affordable for the low-resource settings of the developing world. Last year, we engaged in research, with Family Health International, to assess vasectomy effectiveness in seven countries. The results, which won the 2001 Ortho Prize for significant contributions to public health knowledge, show that fascial interposition—a step in the vasectomy procedure—

"Few development programs have made as significant a contribution to reducing poverty as family planning."—The World Bank

natural resources, and the stability of nations.

What did we do last year? EngenderHealth supported clinic-based family planning and reproductive health services in 31 countries. We worked at 2,352 clinical sites, while our resources, trainees, and techniques helped improve services at as many as four times that number. We trained 50,000 health workers, completed 12 research projects, influenced health policy in 17 countries, and produced a total of 159 publications and presentations. The clinics we supported and the health workers we trained served an estimated 7 to 8 million clients.

a Difference

leads to a more rapid decrease in sperm count and improves the effectiveness of vasectomy when using ligation and excision. Last year, we also worked with Columbia and Harvard Universities to test simplified technology and build cost-effectiveness models for prevention of cervical cancer in developing countries. Our models indicate that new approaches could not only save lives, but save dollars as well. The results were published in the June 2001 issue of the *Journal of the American Medical Association*.

What are the challenges? Throughout Sub-Saharan Africa, the public health infrastructure has crumbled, and civil strife has displaced millions from their homes. Women want fewer children, yet contraceptive prevalence is less than 15% in most nations. In Ethiopia and Malawi, where women have an average of six children each, fertility rates are among the world's highest. African women face a 1 in 16 lifetime risk of dying from pregnancy-related causes—the highest in the world. In Guinea, this risk is 1 in 9. Sub-Saharan Africa is also home to more than 70% of the 40 million people living with HIV/AIDS worldwide. Some 14.8

Africa: A Contine

ETHIOPIA GHANA GUINEA KENYA MALAWI NIGERIA SENEGAL SOUTH AFRICA TANZANIA UGANDA

>Kenya: Expanding the Provider Pool

In Kenya, maternal death rates are among the highest worldwide—at 1,300 per 100,000 live births. Included in this grim statistic are women who die after unsafe abortion. During 2001, EngenderHealth significantly expanded maternity and postabortion care services throughout Kenya. Traditionally, only doctors provide essential obstetric care, but with a national ratio of one doctor to 10,000 Kenyans, there are not enough doctors to go around. With roughly one nurse to every 1,000

million Africans have died from the disease and more than 12 million children have been orphaned. Women now represent 55% of the 28.1 million adults and children living with HIV/AIDS in the region.

What was our focus last year? We trained 1,589 providers in our ongoing program in **Kenya**, where we also launched the AMKENI project, a multi-year, multi-agency effort linking family planning programs with HIV/AIDS prevention and maternal and child health services. Fifteen years in **Nigeria** were the foundation for a winning proposal to manage a multi-agency coalition redefining that country's long-term

nt Challenged

ETHIOPIA GHANA GUINEA KENYA MALAWI NIGERIA SENEGAL SOUTH AFRICA TANZANIA UGANDA

people, however, nurses are an important resource at many rural sites and have begun to provide services traditionally offered only by doctors. By training more than 80 nurses and clinical officers in basic obstetric skills, postabortion care, infection prevention, and counseling, EngenderHealth dramatically increased access to maternity services for thousands of people. And as these public health workers now supervise private-sector providers, the network continues to spread. In this way, EngenderHealth has made great strides in reaching women in Kenya with critical services that save lives.

"We have to look for interventions that truly 'revolutionize' health care." — **Ade Adetunji, M.D., Nigeria**

10 Countries

ETHIOPIA GHANA GUINEA KENYA MALAWI NIGERIA SENEGAL SOUTH AFRICA TANZANIA UGANDA

>Ghana: Up with Quality

Fifteen years after EngenderHealth began to support family planning services in Ghana, the program is a hallmark of success. Early development of a model for expansion has given rise to a program with steadily increasing reach and impact. Since 1994, the number of clients served by EngenderHealth has increased eight-fold. By scaling up the capacity at one hospital in Kumasi, we established a national network of highly capable service sites. Now six training centers and 205 hospitals and clinics provide voluntary sterilization and contraceptive implants—

"We use pilot projects to demonstrate what will make a difference and, on the strength of success, begin work on a larger scale." **— Isaiah Ndong, M.D., United States**

reproductive health strategy. We embarked on an ambitious five-year program to increase access to family planning in **Ethiopia.** In **Senegal** and **Malawi**, we collaborated with Ministries of Health to expand postabortion care to rural areas. In response to the AIDS crisis, we invested in building local capacity to integrate HIV/STI prevention and counseling into family planning services across East Africa. In **South Africa**, where AIDS is the number one cause of death, we helped create a curriculum that is estimated to have enabled tens of thousands of men to understand the link between gender inequities, violence, and health.

569 Sites

ETHIOPIA GHANA GUINEA KENYA MALAWI NIGERIA SENEGAL SOUTH AFRICA TANZANIA UGANDA

an expansion that could not have been achieved without a strong emphasis on quality. Last year, we trained 1,151 health workers to improve clinical skills, prevent infections, better supervise staff, and better counsel clients. The result is a network of facilities that are safe, clean, and staffed by well-trained and enthusiastic health care providers who treat clients with respect. Clients themselves have spread the word. "Community members value the opinions of their peers—trusting that a peer's experience will most closely mirror their own," says Dr. Nick Kanlisi, EngenderHealth's Ghana Program Manager. "Therefore, our 'satisfied client group' is able to reach more people who need and want our services." So far, EngenderHealth has supported sites that provided 41,000 Ghanaians with long-term family planning methods that would have been unavailable to them only a few years earlier.

On the threshold of what? Since 1950, two-thirds of the world's population growth has occurred in Asia. Complicated by vast numbers of refugees and displaced persons, the sheer size of the population, coupled with disease and poverty, is overwhelming urban infrastructures, straining the environment, and increasing human suffering. The region is marked by immense success and challenges. For example, while contraceptive use in Bangladesh has increased 113% since 1985, the population is expected to double in the next 40 years, and the quality of services has yet to keep pace with expansion. Maternal mortality

Asia: On the

BANGLADESH CAMBODIA INDIA INDONESIA JORDAN MONGOLIA MYANMAR NEPAL PAKISTAN PHILIPPINES THAILAND TURKEY UZBEKISTAN VIETNAM

>India: Expanding RTI/STI Services

With roughly 3.86 million of its people now living with HIV/AIDS, India will soon overtake South Africa as the nation with the greatest number of people with HIV worldwide. Last year in Uttar Pradesh—the most populous state in India—EngenderHealth helped strengthen efforts to prevent transmission of HIV by training providers to integrate the management of reproductive tract and sexually transmitted infections (RTI/STI) into reproductive health services. Besides being a significant cause of reproductive morbidity and mortality, RTIs and STIs can facilitate HIV transmission. When they are diagnosed and treated, the risk for contracting HIV infection is reduced. Treatment also provides an opportunity to counsel men and women about HIV/STI risk reduction. Last year, EngenderHealth was asked to

plagues the region, with rates in Nepal and some Indian states among the highest worldwide. HIV/AIDS is growing, and in 2001, 7.1 million Asians were living with HIV/AIDS, reflecting marked increases in China and India—the world's most populous countries.

What was our focus last year? In **India**, we worked at 449 public-sector sites to improve the quality of and access to voluntary sterilization services. In **Bangladesh**, we led the ongoing Quality Improvement Partnership, improving comprehensive reproductive health services at 303 clinics. We focused on client satisfaction at 198 sites in **Nepal**,

Threshold

BANGLADESH CAMBODIA INDIA INDONESIA JORDAN MONGOLIA MYANMAR NEPAL PAKISTAN PHILIPPINES THAILAND TURKEY UZBEKISTAN VIETNAM

develop a training program in RTI/STI management for government-run reproductive and child health camps—facilities previously dedicated to sterilization services only. We helped institutionalize training capability at the district level by training district trainers, creating a sustainable network of health care workers expected to manage more than 40,000 RTI/STI cases. These trainings taught providers how to talk to clients about sexuality and HIV/STI risk and prevention while remaining objective and nonjudgmental regarding clients' sexual behavior.

"We connect the dots, building a synergy between different sectors in the health system and producing breakthroughs as we go." — **Jonathan Flavier, M.D., Philippines**

helping to build a quality monitoring system that is now a pillar of the national family planning program. In **Cambodia**, we recruited more than 2,870 village shopkeepers, midwives, and religious leaders to educate mothers about maternal and child health. In the **Philippines**, we expanded postabortion care services, training 922 providers. We developed innovative ways to reach thousands of men in **Pakistan**, creating a referral network of 500 providers who offer reproductive health services, and who last year performed more than 6,000 vasectomies, a four-fold increase over previous years.

14 Countries

BANGLADESH CAMBODIA INDIA INDONESIA JORDAN MONGOLIA MYANMAR NEPAL PAKISTAN PHILIPPINES THAILAND TURKEY UZBEKISTAN VIETNAM

>Turkey: Built to Last

After 27 years, EngenderHealth decided to close its highly successful Turkey program, leaving a powerful legacy: an institutionalized family planning program that provides quality care and is set to last. When EngenderHealth founded its Turkey program, only one hospital in the country offered voluntary sterilization. Now every hospital in Turkey provides counseling and sterilization services. We leave behind more than 3,000 well-trained clinicians and counselors, 300 well-equipped health facilities, and thousands

1393 Sites

BANGLADESH CAMBODIA INDIA INDONESIA JORDAN MONGOLIA MYANMAR NEPAL PAKISTAN PHILIPPINES THAILAND TURKEY UZBEKISTAN VIETNAM

of satisfied clients. Yet, even as contraceptive use reached 64%, other challenges persisted. With reliance on the traditional withdrawal method of contraception still common, levels of unintended pregnancy and abortion remained high. In response, EngenderHealth introduced postabortion family planning services at one hospital in 1991, services which we quickly expanded to 37 other sites. This work has contributed to declining national abortion rates. We are leaving our partners with a strong sense of ownership over these successes and are proud to see them carry this work forward without us. As outgoing Turkey Program Manager Dr. Cigdem Bumin concluded, "EngenderHealth gave me the opportunity to serve my own country and to give back something that will last."

What are the contrasts? In Latin America, relatively high levels of socioeconomic development have contributed to an increase in contraceptive use, yet minority, poor, and rural populations lack access to services. One in 130 women die in childbirth. An estimated 1.8 million people are living with HIV/AIDS in the region, with the Caribbean having a prevalence rate second only to Sub-Saharan Africa. Family planning is widely available in the United States, yet many marginalized communities often cannot find or afford services.

What was our focus last year? EngenderHealth worked in seven countries and at 390 sites in the Americas. In **Honduras**

The Americas:

BOLIVIA COLOMBIA DOMINICAN REPUBLIC GUATEMALA HONDURAS PARAGUAY UNITED STATES

>Dominican Republic: Strengthening Postpartum Care

In the Dominican Republic (DR), 59% of women use a modern method of contraception—a relatively high rate for a developing country—and 41% of these women use sterilization. The country is also unique among Latin American countries because most women choose to give birth in hospitals and 96% of all deliveries are attended by a physician. Recognizing that many women would like the opportunity to choose a family planning method immediately after delivery, EngenderHealth supported a special initiative in 15 hospitals to provide Dominican women

and **Guatemala**, we trained 212 providers, making reproductive health services more accessible. In **Colombia**, where 15% of maternal deaths are due to unsafe, illegal abortion, we expanded and institutionalized postabortion care. In **Paraguay**, we trained 695 counterparts in quality improvement techniques using COPE®, a simple quality assessment process. In **Bolivia**, we helped develop national guidelines for female sterilization, and used these guidelines in training 778 providers. Because men have historically been underserved, in the **United States** we worked to enable providers to meet men's health needs.

A Contrast

BOLIVIA COLOMBIA DOMINICAN REPUBLIC GUATEMALA HONDURAS PARAGUAY UNITED STATES

access to high-quality postpartum family planning services. In addition to offering sterilization, we worked to make a broader array of methods available, including IUDs, injectibles, and, at some hospitals, oral contraceptives, implants, and condoms. We trained providers to counsel clients about their reproductive-health needs and to offer referrals. DR Program Manager Dr. Jose Figueroa reports a high level of enthusiasm: "The hospital directors, physicians, nurses—even the cleaning staff—are proud of the program, which is meeting women's needs in new ways."

"To make a real difference, you have to look at the health needs of men, long neglected in the U.S. and elsewhere." **— Oscar Lopez, United States**

EngenderHealth's total income for fiscal year 2000/2001 was $32.5 million. Our revenue is derived from thousands of individual donors, numerous U.S. foundations, the U.S. Agency for International Development (USAID), other bilateral and multilateral donors, and other technical agencies with which we partner. Total expenses for the same period were $29.9 million, with 83.5% spent directly on program services, 14.2% on administration, and 2.3% on fundraising activities. The majority of program expenses were devoted to "capacity-building," which encompasses EngenderHealth's training and technical support in the 31 countries where we worked during the year. "Global and emerging programs" represent the next largest category of program expenses and include our quality improvement, informed choice, Men As Partners®, maternity care, postabortion care, and HIV/AIDS initiatives.

Complete audited financial statements are available upon request from EngenderHealth.

A Sound

>Charity "watchdog" agencies give EngenderHealth high ratings. The 83.5% EngenderHealth spends on charitable purposes (program services) far exceeds the American Institute of Philanthropy's suggested target of 60% or above.

>EngenderHealth received an "A" rating (the highest) from the American Institute of Philanthropy's Charity Rating Guide. (For more information, see our listing at www.charitywatch.org.)

>EngenderHealth also meets all Better Business Bureau standards for charitable solicitations. (For more information, see our listing at www.newyork.bbb.org.)

STATEMENT OF ACTIVITIES (For the 12-month period ended June 30, 2001*)

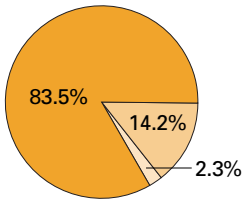
Income		Fiscal Year Ending 6/30/01
U.S. Agency for International Development (USAID) grants	$	16,405,654
Public individual and foundation contributions		11,619,569
Non-U.S. government grants, contracts, and miscellaneous income		4,072,195
Interest and dividend income		552,172
Unrealized investment appreciation		(104,017)
Total income	**$**	**32,545,573**
Expenses		
Program services		
Capacity-building and technical assistance	$	14,931,939
Global and emerging programs		7,514,350
Program support		2,476,206
Total program services	$	24,922,495
Support services		
Administration	$	4,247,366
Fundraising		689,997
Total support services	$	4,937,363
Total expenses	**$**	**29,859,858**
Increase in net assets	$	2,685,715
NET ASSETS, beginning of year	$	13,234,377
NET ASSETS, end of year	**$**	**15,920,092**

Note: EngenderHealth's 2000 Annual Report presented financial statements for a 15-month period, reflecting a change in our fiscal year.

Investment

ENGENDERHEALTH EXPENSES

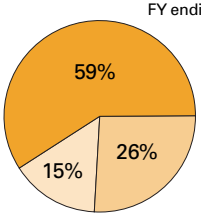
Total Expenses FY ending 6/30/01



- Program Services
- Administration
- Fundraising

Program Services Expenses by Region

FY ending 6/30/01



- Asia
- Africa
- The Americas

OUR SUPPORTERS

Foundations

Anonymous ■ Harry and Julia Abrahamson Fund ■ Erik E. & Edith H. Bergstrom Foundation, Inc. ■ The Fred H. Bixby Foundation ■ Lyman B. Brainerd Family Foundation ■ The Brush Foundation ■ The Buffett Foundation ■ The Bushrod H. Campbell & Adah F. Hall Charity Fund ■ The Casner Family Foundation ■ Claneil Foundation, Inc. ■ The Bill & Melinda Gates Foundation ■ Elizabeth Morse Genius Foundation ■ Charles M. Goethe Trust ■ Richard & Rhoda Goldman Fund ■ Philip S. Harper Foundation ■ The William & Flora Hewlett Foundation ■ The Huber Foundation ■ Harris & Eliza Kempner Fund ■ F. M. Kirby Foundation, Inc. ■ Lang Foundation ■ James A. Macdonald Foundation ■ The Andrew W. Mellon Foundation ■ Moriah Fund ■ Nautilus Foundation, Inc. ■ Open Society Institute ■ The David and Lucile Packard Foundation ■ Panaphil Foundation ■ Perls Foundation ■ The Price Foundation ■ The Prospect Hill Foundation ■ The Scherman Foundation, Inc. ■ Adolph & Ruth Schnurmacher Foundation, Inc. ■ Sidney Stern Memorial Trust ■ The Summit Charitable Foundation, Inc. ■ The Sunshine Foundation ■ Jack Taylor Family Foundation ■ Flora L. Thornton Foundation ■ Turner Foundation, Inc. ■ The George Garretson Wade Charitable Trust ■ The Walbridge Fund, Ltd. ■ Miriam G. & Ira D. Wallach Foundation ■ The Wiancko Family Donor Advised Fund of the Community Foundation of Jackson Hole ■ Wien Family Foundation, Inc. ■ Mark and Catherine Winkler Foundation ■ Mildred Wohlford Fund of the Tides Foundation

Individuals

$10,000 and up ■ Anonymous (2) ■ Mr. Lyman B. Brainerd, Jr. ■ Miss Jean M. Cluett ■ Ms. Beatrice H. Fritz ■ Martin & Enid Gleich ■ W. A. Hoffman, Ph.D. ■ Mrs. Anne H. Howat ■ Mr. John W. Hunt ■ Professor Cynthia McClintock ■ Mr. & Mrs. Thomas M. Perkins ■ Mrs. Elizabeth W. Sedgwick ■ Mrs. Frances H. Snedeker ■ Ms. Barbara H. Stanton ■ Mr. Bruce E. Sundquist ■ Mr. W. Laney Thornton ■ Ms. Frances A. Velay

$5,000–$9,999 ■ Anonymous ■ Mr. Robert B. Flint, Jr. ■ Russell & Deborah Frehling ■ Mr. & Mrs. Roland E. Hamman, Jr. ■ Mr. & Mrs. Leigh M. Miller ■ Mrs. Isabella S. Morrison ■ Mr. Bob Mullen ■ Dr. & Mrs. K. C. Murdock ■ Mr. Gilman Ordway ■ Mr. & Mrs. Robert D. Petty ■ Mr. & Mrs. Julian L. Roberts, Jr. ■ Mr. & Mrs. Emil J. Slowinski ■ Mrs. Mimi K. Stevens

$2,500–$4,999 ■ Anonymous ■ Mrs. Dorothy R. Blair ■ Mr. & Mrs. Mark Boyer ■ Rev. & Mrs. C. Frederick Buechner ■ Dr. & Mrs. Allen W. Cheever ■ Mr. & Mrs. John R. Glass ■ Mrs. Sherry F. Huber ■ Mr. Willis A. Jensen ■ Mr. & Mrs. Scott Malkin ■ Mr. & Mrs. Don McKibben ■ Mrs. Lee M. Petty ■ Mr. Barney T. Rocca, Jr. ■ Mr. & Mrs. Mark Sapsford ■ Mr. & Mrs. Paul M. Shatz ■ Mrs. Edith Jayne Smith ■ Mr. Gordon L. Smith ■ Mrs. Abbey K. Starr ■ Mr. Frank Stiebel ■ Ms. Nancy J. Waterman & Mr. Bill Leighty ■ Ms. Elizabeth Whittall ■ Drs. Michael & Angel Williamson ■ Mr. & Mrs. Theodore W. Winsberg ■ Ms. Suzanne E. Worden

$1,000–$2,499 ■ Anonymous (8) ■ Mr. Robert R. Andrews, Jr. ■ Mr. & Mrs. Joffre B. Baker ■ Ms. Lois-Don Beard ■ Mrs. Elspeth G. Bobbs ■ Ms. Sharon Bolles ■ Mrs. Judith P. Brainerd ■ Mrs. Betty S. Brendemuehl ■ Dr. & Mrs. Andrew Burgdorf ■ Ms. Nancy Camp ■ Mr. & Mrs. Sherman B. Carll ■

Mr. John M. Cart ■ Mr. & Mrs. David N. Church ■ Mrs. Christopher Clarkson ■ Mr. Clay S. Coleman ■ Mrs. Cynthia Green Colin ■ Mr. & Mrs. Harold A. Collins ■ Murray & Norma Cossey ■ Ms. Sally Manny Cross ■ Mrs. Louise M. Cunningham ■ Dr. & Mrs. John C. Cutler ■ Mr. & Mrs. Stephen D. Daley ■ Mr. & Mrs. Kenneth D. Dana ■ Mr. & Mrs. Donald DeFord ■ Mr. John P. de Neufville ■ Mr. J. Mark Desmet ■ Mr. Grant J. Donovan ■ Mrs. Mary C. Drazy ■ Mr. Stewart R. Dyckman ■ Mr. & Mrs. David J. Field ■ Ms. Susan Faye Fleming ■ Mr. Earl H. Foote ■ Ms. Lee K. Gidding ■ Mr. Forrest R. Gilmore ■ Mr. Francis J. Gilmore ■ Mr. & Mrs. Horace Hagedorn ■ Mr. & Mrs. James A. Hart ■ Mr. Paul C. Haughey ■ Dr. & Mrs. Cosmo L. Haun ■ Mr. David P. Hearst ■ Prof. & Mrs. Martin E. Hellman ■ Mr. Alexander R. Hill, Jr. ■ Mr. Edward S. Hodgson, Jr. ■ Mr. & Mrs. DeWitt Hornor ■ Mr. & Mrs. Albert Huen ■ Ms. Joan Inman ■ Mr. & Mrs. David M. Jackson ■ Mrs. Gayle Janowitz ■ Ms. Naomi Janowitz ■ Mrs. Miriam E. Jencks ■ Dr. & Mrs. John F. Johnson ■ Mr. Bruce W. Jones ■ Mr. & Mrs. Dennis G. Keith ■ Mr. & Mrs. Edwin L. Kemp ■ Mr. David S. Kline ■ Mr. Carl W. Kohls ■ David K. & Linda Lakhdhir ■ Mr. & Mrs. Marc Lasry ■ Mrs. Mary Aiken Littauer ■ Mrs. Glen A. Lloyd ■ Ms. Mary W. Lunt ■ Mr. & Mrs. Peter L. Malkin ■ Mr. Dean Mathey ■ Mr. & Mrs. Downs McCloskey, Jr. ■ Mrs. Eleanor P. McKee ■ Mr. Bruce P. Merrill ■ Mr. Mike Milczarek ■ Mr. David R. Miller ■ Mr. & Mrs. Daniel R. Mintz ■ Mr. William W. Montgomery ■ Mr. & Mrs. Lester Morse ■ Ms. Elise W. Murray ■ Dr. & Mrs. Rex V. Naylor ■ Mr. & Mrs. Richard C. Ninde ■ Mr. & Mrs. David S. Noss ■ Mr. & Mrs. Edward Ordman ■ Mr. & Mrs. William Palladini ■ Professor Noel Perrin ■ Patricia Brand Peters, M.D. ■ Ms. Mary C. Phinney ■ Mr. & Mrs. James B. Platt, Jr. ■ Amy E. Pollack, M.D., M.P.H. ■ Carole M. Presnick, M.D. ■ Ms. Patricia A. Prochaska & Mr. Gregory J. Klein ■ Mr. Lyle Ramshaw ■ Mr. & Mrs. Niels Rasmussen ■ Mrs. Carol H. Ray ■ Mr. Nando Raynolds ■ Ms. Rosemary T. Richardson ■ Mr. John S. Rinehart ■ Mr. Kenneth Rothschild ■ Mr. Thomas L. Ruen ■ Mrs. Fannette H. Sawyer ■ Mrs. Virginia Koch Schilz ■ Mr. John T. Simon ■ Ms. Janet Singer ■ Drs. Walter & Susan Slowinski ■ Margaret E. Sowerwine, M.D. ■ Mr. & Mrs. Donald F. Stanat ■ Mr. & Mrs. Paul M. Steiner ■ Ms. Frances W. Stevenson ■ Ambassador Galen L. Stone ■ Mr. & Mrs. Jan H. Suwinski ■ Mr. & Mrs. Dave Thompson ■ Mr. Mark Troll ■ Professor Gilbert P. Verbit & Ms. Carol Anne Coe ■ Mr. Robert B. Wallace ■ Mr. & Mrs. Jon Watkins ■ Ms. Amanda Weil ■ Jed Weissberg, M.D. ■ Ms. Nancy C. Wessling ■ Mr. & Mrs. John Underhill White ■ Mrs. Catherine C. Wilcock ■ Drs. Robert W. & Elizabeth S. Wilson ■ Susan N. Wilson ■ Ms. Mary Wolk-Agnew

Corporate Matching Gifts

$250 and up ■ 3Com Corporation ■ Adobe Systems Incorporated ■ American Express Foundation ■ BP Amoco Foundation ■ GlaxoSmithKline ■ The Prudential Foundation

Public-Sector Organizations

Department of Health, Government of the Philippines ■ Department for International Development (DFID), United Kingdom ■ Secretariado de Salud, Bogotá, Colombia ■ Secretariado de Salud, Cundinamarca, Colombia ■ Swedish International Development Cooperation Agency (SIDA) ■ United Nations Children's Fund (UNICEF) ■ United Nations Population Fund (UNFPA) ■ United States Agency for International Development (USAID) ■ World Health Organization (WHO)

PUBLICATIONS

During 2001, EngenderHealth produced 159 publications and presentations. Among these products were the following:

Family Planning ■ P. Senlet, L. Catagay, J. Ergin, and J. Mathis. "Bridging the gap: Integrating family planning with abortion services in Turkey." *International Family Planning Perspectives,* June 2001. ■ S. Pati and V. Cullins. "Female sterilization: Evidence." *Obstetric and Gynecology Clinics of North America,* December 2000. ■ J. Zambon, M. Barone, A. Pollack, and M. Mehta. "Efficacy of percutaneous vas occlusion compared with conventional vasectomy." *British Journal of Urology,* October 2000. ■ J. Casterline, Z. A. Sathar, and M. ul Haque. "Husbands as obstacles to contraceptive use in Pakistan." *Studies in Family Planning,* July 2000. ■ R. Pine and C. Wypijewska. "From consent to choice in family planning: Application of an international framework to the United States." *Journal of the American Women's Association (JAMWA),* July 2000.

Maternity and Postabortion Care ■ *Taking Postabortion Care Services to Scale: An International Workshop.* EngenderHealth and Ipas, May 2001. ■ L. Catagay and A. Kaniauskene. *Comprehensive Postabortion Care Training Curriculum: A Trainer's Manual and Participant's Handbook.* EngenderHealth, Russia, April 2001. ■ A. Pollack and R. Pine. "Opening the door to safe abortion: International perspectives on medical abortifacient use: A commentary." *Journal of the American Women's Association (JAMWA),* July 2000.

STI/HIV/AIDS ■ S. Pati, J. Becker, B. L. Farrell, M. Barone, and V. Cullins. "Shifting to a sexual and reproductive health approach: Challenges for family planning providers." *Global HealthLink,* November 2000. ■ *Sexually Transmitted Infections and Other Reproductive Tract Infections: (1) Etiological Management, (2) Syndromic Management* (counseling reference cards). EngenderHealth, November 2000. ■ *What Every Client Should Know* (STI/HIV prevention reference cards). EngenderHealth, November 2000. ■ P. Kedama, A. Levack, and J. Duncan. "Men As Partners in HIV prevention: A case study from South Africa." *Social Science: Rights, Politics, Commitment and Action,* July 2000.

Other Reproductive Health ■ S. Goldie, L. Kuhn, L. Denny, A. E. Pollack, and T. Wright, Jr. "Policy analysis of cervical cancer screening strategies in low-resource settings." *Journal of the American Medical Association (JAMA),* June 2001. ■ S. Mathur, A. Malhotra, and M. Mehta. "Adolescent girls' life aspirations and reproductive health in Nepal." *Reproductive Health Matters,* May 2001. ■ *Men's Reproductive Health Curriculum,* Section 1. EngenderHealth, March 2001. ■ J. Vajpayee. "Population growth and women's health." *Women's Health Journal,* November 2000. ■ L. Denny, L. Kuhn, A. Pollack, H. Wainwright, and T. Wright, Jr. "Evaluation of alternative methods of cervical cancer screening for resource-poor settings." *Cancer,* August 2000. ■ L. Denny, L. Kuhn, L. Risi, R. Richart, and A. Pollack. "Two-stage cervical cancer screening: An alternative for resource-poor settings." *American Journal of Obstetrics and Gynecology,* August 2000.

Quality Improvement ■ E. Mielke and K. Beattie. "COPE: A process and tools for healthcare." *QA Brief,* Spring 2001. ■ H. Stanley, D. R. Shrestha, M. Barone, and M. Lineham. "The Quality of Care Management Center in Nepal: Improving services with limited resources." *Working Paper No. 13,* EngenderHealth, January 2001. ■ M. B. Dohlie, E. Mielke, T. Bwire, D. Adriance, and F. Mumba. "COPE, a model for building community partnerships that improve care in East Africa." *Journal for Health Care Quality,* September 2000. ■ L. Antarsh, D. Adriance, A. J. Faisel, F. Castaño, A. Eschen, T. Jezowski, and A. Estrada. *Health-Sector Reform and Reproductive Health in Transition: Meeting the Challenge in Tanzania, Bangladesh, and Colombia.* EngenderHealth, September 2000.

BOARD, RESEARCH ADVISORY COMMITTEE, AND EXECUTIVE TEAM

EngenderHealth Global Representatives featured in this Annual Report: Page 4, left to right: Dr. Isaiah Ndong, United States / Lynn Bakamjian, United States / Santiago Plata, Thailand ■ Page 7: Wuleta Betemariam, Ethiopia ■ Page 9, left to right: Dr. Abdoulaye Diagne, Senegal / Grace Lusiola, Tanzania ■ Page 10: Ashoke Shrestha, Nepal ■ Page 11, left to right: Dr. Cigdem Bumin, Turkey / Dr. Jonathan Flavier, Philippines ■ Page 15, left to right: Dr. Maria Lorencikova, Bolivia / Oscar Lopez, United States

Art direction and design: © Emerson, Wajdowicz Studios / NYC / www.designEWS.com

ENGENDERHEALTH
Improving Women's Health Worldwide

440 Ninth Avenue, New York, NY 10001 U.S.A.
Tel: 212-561-8000 info@engenderhealth.org
www.engenderhealth.org